

Name of Adolescent	Date
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Example

[illegible]

1. Is this the way you eat most of the time? Yes No If no, why not? _____
2. What foods do you refuse to eat? _____
3. How often do you eat away from home? 1 to 2 times a week 2 to 4 times a week
Almost every day Where are these meals eaten? _____
4. Are you on a diet, following diet restrictions or trying to control your weight? Yes No
5. How many times in the last month did you have problems getting enough food? _____